
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Zhang et al

Application No.: 10/037,766

Filed: October 23, 2001

Title: METHOD AND SYSTEM FOR
REMOTELY UPGRADING A HEARING AID
DEVICE



Attorney Docket No.: AUD1P009

Examiner: Harvey, Dionne

Group: 2643

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on March 11, 2005 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: _____

Lara M. Nelson

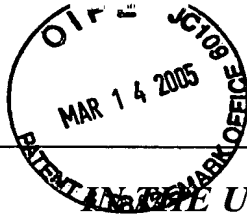
REQUEST FOR RECONSIDERATION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the final Office Action dated January 12, 2005, please reconsider the above-identified patent application based on the following remarks.

Remarks/Arguments begin on page 2 of this paper.



AF/2643 EFW

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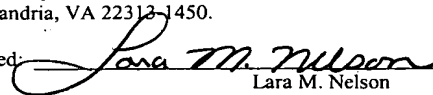
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Lara M. Nelson

AMENDMENT TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

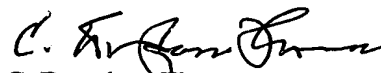
Transmitted herewith is a Request for Reconsideration in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	31	MINUS	33	00	x 25 =	x 50 =
Independent Claims	07	MINUS	07	00	x 100 =	x 200 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$180.00	\$360.00
Total					\$	\$

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. AUD1P009).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


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Reg. No. 32,947

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